

Charles R. Drew Wellness Center

City of Columbia Department of Parks & Recreation

MEMBERSHIP APPLICATION



Date: _____



Daily



Monthly



6-Month



Annual

Responsible Party

Last _____ First _____ Middle _____

Date of Birth ____/____/____

☐ MALE

☐ FEMALE

Drivers License # _____ Employer _____

Home Address

City _____

State _____ Zip _____

Email address: _____

Telephone

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Spouse

Last _____ First _____ Middle _____

Date of Birth ____/____/____

☐ MALE

☐ FEMALE

Spouse Employer

Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Children

(Dependents 23 & Under):

Name _____ Age ____ DOB ____/____/____ Sex ____ School _____

Name _____ Age ____ DOB ____/____/____ Sex ____ School _____

Name _____ Age ____ DOB ____/____/____ Sex ____ School _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Day Telephone (____) _____ Evening Telephone (____) _____

Payment Type ☐ Cash
☐ Check
☐ Credit

Receipt # _____

Payment Amt _____

(FOR OFFICE USE ONLY--Do Not Write Below)



Resident



Non-Res



Corp



Flex



Adult



Family



Senior



Youth

Customer # _____

Service # _____